

REQUEST/AUTHORIZATION FOR DOD CIVILIAN PERMANENT DUTY OR TEMPORARY CHANGE OF STATION (TCS) TRAVEL

(Reference: Joint Travel Regulations) (Read Privacy Act Statement on back before completing form.)

SECTION I - REQUEST FOR OFFICIAL TRAVEL

1. DATE (YYYYMMDD)	2. NAME (Last, First, Middle)	3. SOCIAL SECURITY NUMBER				
4. NEW POSITION TITLE		5. GRADE OR RATING <table style="width: 100%;"> <tr> <td style="width: 50%;">6. RETIREMENT PLAN (X one)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> FERS</td> <td><input type="checkbox"/> CSRS</td> </tr> </table>	6. RETIREMENT PLAN (X one)		<input type="checkbox"/> FERS	<input type="checkbox"/> CSRS
6. RETIREMENT PLAN (X one)						
<input type="checkbox"/> FERS	<input type="checkbox"/> CSRS					
7. RELEASING OFFICIAL STATION AND LOCATION, OR ACTUAL RESIDENCE		8. NEW OFFICIAL STATION AND LOCATION, ACTUAL RESIDENCE OR ALTERNATE DESTINATION				

9. REPORTING DATE AT NEW DUTY STATION (YYYYMMDD)									
10. TRAVEL PURPOSE (X one) <input type="checkbox"/> BETWEEN OFFICIAL STATIONS <input type="checkbox"/> RENEWAL AGREEMENT <input type="checkbox"/> RETURN FROM OVERSEAS FOR SEPARATION <input type="checkbox"/> TEMPORARY CHANGE OF STATION		11. TRANSPORTATION MODE (X as applicable) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> GOVERNMENT</td> <td><input type="checkbox"/> POC</td> </tr> <tr> <td><input type="checkbox"/> COMMERCIAL</td> <td><input type="checkbox"/> RAIL</td> </tr> <tr> <td></td> <td><input type="checkbox"/> AIR</td> </tr> </table> MILEAGE RATE: \$		<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> POC	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> RAIL		<input type="checkbox"/> AIR
<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> POC								
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> RAIL								
	<input type="checkbox"/> AIR								
13a. ROUND TRIP TRAVEL FOR HOUSE-HUNTING (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO		14a. TEMPORARY QUARTERS SUBSISTENCE EXPENSE (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO							
13b. NUMBER OF DAYS (Including travel)		14b. NUMBER OF DAYS AUTHORIZED							
16. OTHER AUTHORIZED EXPENSES (X as applicable) <input type="checkbox"/> MISCELLANEOUS EXPENSES <input type="checkbox"/> NONTEMPORARY STORAGE OF HHG <input type="checkbox"/> SHIPMENT OF POV <input type="checkbox"/> PROPERTY MANAGEMENT SERVICES <input type="checkbox"/> REAL ESTATE EXPENSES		17. DEPENDENT OVERSEAS TRAVEL (X as applicable) <input type="checkbox"/> CONCURRENT <input type="checkbox"/> DELAYED <input type="checkbox"/> EARLY RETURN <input type="checkbox"/> NOT AUTHORIZED							
15a. SHIPMENT OF HOUSEHOLD GOODS (HHG) (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO		15b. NET WEIGHT AUTHORIZED							

18a. DEPENDENT TRAVEL FROM (Home Address)	b. TO (New PDS)
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19. DEPENDENTS		
a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH (YYYYMMDD)

20. REMARKS OR OTHER AUTHORIZATIONS (Use this space for special requirements, leave, excess baggage, etc., or other authorizations. Continue on back if necessary.) These orders may be amended by the gaining activity. Expenses/charges not allowed at Government expense are the financial responsibility of the employee concerned.
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21. ESTIMATED COST				22. TRANSPORTATION AGREEMENT SIGNED (X one)	
a. PER DIEM \$	b. TRAVEL \$	c. OTHER \$	d. TOTAL \$	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION II - AUTHORIZATION FOR OFFICIAL TRAVEL

23. ACCOUNTING CITATION		
24. APPROVING OFFICIAL a. TITLE		b. SIGNATURE
25. ORDER-ISSUING/AUTHENTICATING OFFICIAL a. TITLE	b. SIGNATURE	c. ORGANIZATION ADDRESS
26. TRAVEL ORDER NUMBER		27. DATE ISSUED (YYYYMMDD)

PRIVACY ACT STATEMENT

(5 U.S.C. 552a)

AUTHORITY: 5 U.S.C. 5701, 5702; and E.O. 9397 (SSN).

PRINCIPAL PURPOSE(S): Used to issue transportation requests, bills of lading for household goods and automobiles, and as a supporting authorization for cash payment of travel allowances.

ROUTINE USE(S): In addition to being used by officials and employees of the applicant's Service in determining eligibility, the information contained herein may be provided to law enforcement personnel investigating those suspected of fraudulently obtaining allowances. Information also may be disclosed under certain circumstances to other Federal agencies, Members of Congress, State and local governments, and U.S. and State courts.

DISCLOSURE: Voluntary; however, failure to provide SSN may preclude timely consideration of your request.

20. REMARKS OR OTHER AUTHORIZATIONS *(Continued)*